

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 MAR 21 AM 11: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

V26456

CENTRAL CITY APARTMENTS CORPORATION

Principal Place of Business

Mailing Address

500001752645
-03/21/96--01053--007
****208.75 ****208.75

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 8500 N.W. 25th Avenue		26 SAME		04-06-1992		08-10-1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0509932		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami, Florida		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29		30	
24 33147		25		29		30	
29		30		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GREATER MIAMI NEIGHBORHOODS, INC.
1460 BRICKELL AVENUE, SUITE 309
MIAMI, FLORIDA 33131

10. Name and Address of New Registered Agent

81 Name
THE URBAN LEAGUE OF GREATER MIAMI, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
8500 N.W. 25th Avenue
83
84 City
MIAMI
85 Zip Code
FL 33147

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Talmadge W. Fair

TALMADGE W. FAIR

03-19-1996

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANON, JUDITH	1 2 NAME	
STREET ADDRESS	6720 SW 124th STREET	1 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL	1 4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, VICTOR L.	2 2 NAME	
STREET ADDRESS	721 NW 1st AVENUE	2 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL	2 4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, TALMADGE W.	3 2 NAME	
STREET ADDRESS	8500 NW 25th AVENUE	3 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33147	3 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROULHAC, PETER W.	4 2 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD.	4 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL	4 4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN C. WASHINGTON	5 2 NAME	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000	5 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33131	5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE:

Talmadge W. Fair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TALMADGE W. FAIR, President

03-19-1996

(305) 696-4450

Date

Daytime Phone #

KSP
3/21/96